

## **Health Department**

### **► Agency Mission**

To promote and protect the health and environment of all people through leadership and provision of services within its communities.

### **► Trends/Issues**

The Health Department is one of three locally administered departments in the State, operating under contract with the State Health Department to assure provision of all services mandated by the State Board of Health or the Code of Virginia. Services to meet local needs augment the mandated services and combine to form the full palate of services available to the residents of Fairfax County and the Cities of Falls Church and Fairfax.

In the early 1990's, spurred by the report of the Institute of Medicine on the status of local health departments throughout the nation, thirty national organizations formed an alliance to address issues in the report. The result of this work was a consensus document outlining the essential services and core functions that local health departments should provide. This began the gradual but consistent transition undertaken by the Fairfax Health Department to move from a medical model of service delivery to a public health model of service. The agency is close now to achieving this but still has 2-3 more changes to make. The Nation's Health Objectives for Year 2010 continue to serve as goals within the appropriate programmatic areas.

There are public health issues that are beginning to attract attention and demand responses. There is increasing emphasis on regional collaboration on emerging public health issues such as the West Nile Virus, Bioterrorism, Oral Rabies Wildlife Immunizations. A surveillance model developed between the Health Department and George Mason University for use with Tuberculosis is attracting attention by the larger community involved in monitoring and surveillance for bioterrorism. Inova and the Health Department have just completed a total redesign of HIV/AIDS services prompted by the change in this health realm from a life-threatening disease to a chronic disease, requiring a different system of care.

Over the past several years, change has been constant. Most of the changes have been initiated internally to improve efficiency and customer service and to maximize the resources available. Redesign of clinical services resulted in a 146 percent increase in service availability (number of hours services were available); client on-site wait time decreased 50 percent to 18 minutes; and the number of clinic visits has grown 17 percent. Last year the Patient Care Field services (home visits) delivery model was redesigned. While evaluation of the new model is now in process, the outcome indicates that client contacts have been increased 19 percent and redirection of available time to direct service has resulted in an 18 percent increase in direct service hours. The Environmental Health Division initiated streamlining activities to reduce paperwork and work flow and did some restructuring to maximize resources. Improving the state of technology in the agency has been a major challenge. The laboratory brought on-line a new Management Information System in June 2001; this will significantly improve productivity and efficiency within the unit. Environmental Health leased a Field Electronic Inspection System for use in the Food Safety Program which automated the inspection process, gives the food establishment a clear report, enables tracking of inspections and eliminates the need for secondary data entry; it facilitates the posting of inspection reports on the Internet. The Health Management Information System (HMIS) will undergo a total upgrade during FY 2002 making it compliant with the Health Insurance Portability and Accountability Act (HIPAA), customer

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friendly, and architecturally enable to interface with other systems such as the Community Access Program (CAP) Eligibility System and the State Virginia Department of Health (VDH) systems. Procurement of hardware to provide every staff person with access to a PC is almost complete.

The increasing diversity of the population permeates our services. Recruitment of bilingual personnel remains a significant challenge we have yet to overcome. Developing culturally sensitive service environments and providing oral/written information/instructions/education in the top five languages spoken by our clients are essential to successful service delivery. The continuing increase in the school age population with concurrent increases in the number of health problems in this population is an area that existing resources do not keep up with demands and for which internal management initiatives have no impact.

Perhaps one of the biggest challenges that faces the Health Department is the uncertainty in the health care arena and the rapidly escalating costs of health care products, be it latex gloves or medications. As the economy changes, as the employment rate fluctuates and even as Congress debates the Patient Bill of Rights, people are impacted by the affordability of available health care. Whether it is people getting sick from food ingested, from being bit by an animal, from drinking water in a contaminated pool, or from being exposed to the many viral and bacterial organisms in our environment, their health needs to be protected and good health needs to be promoted.

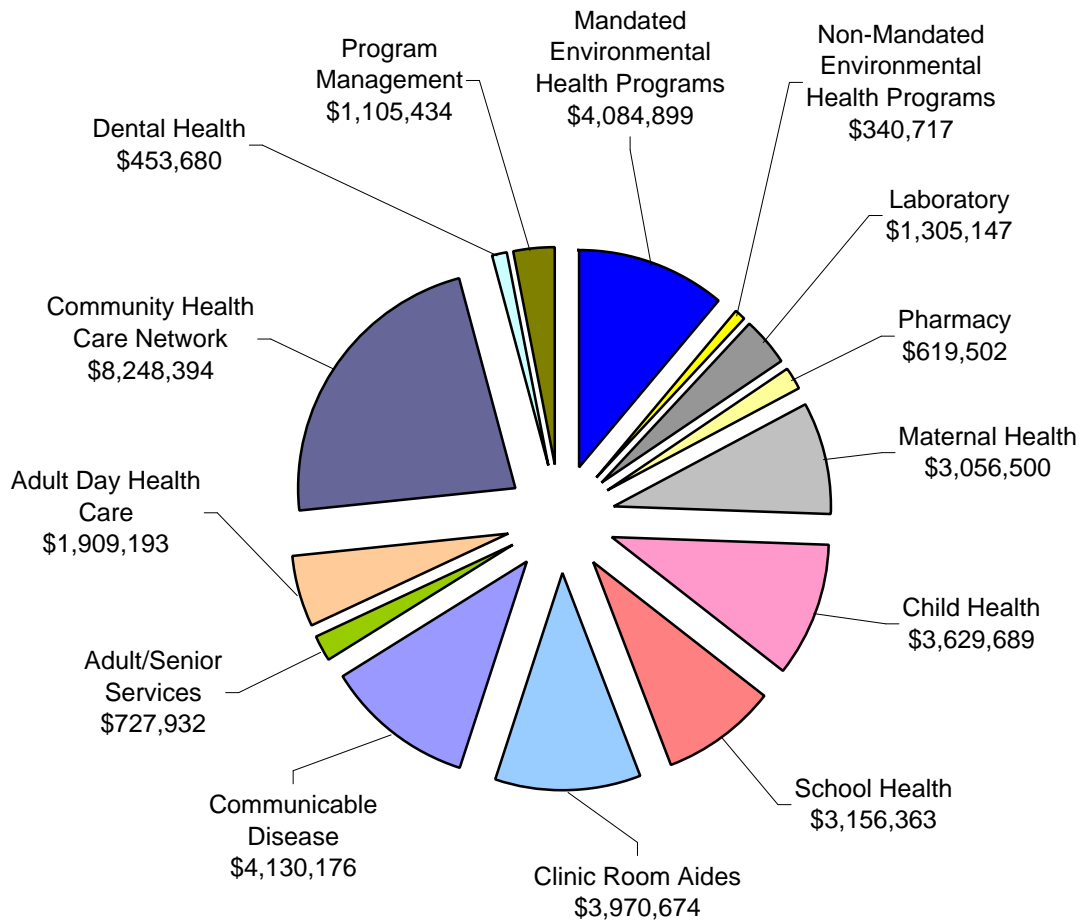
### ► Summary of All Agency CAPS

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
71-01	Mandated Environmental Health Programs	\$1,756,797	67/66.4
71-02	Non-Mandated Environmental Health Programs	\$310,317	1/1.6
71-03	Laboratory	\$565,143	14/14
71-04	Pharmacy	\$519,554	1/1
71-05	Maternal Health	\$1,710,205	45/45
71-06	Child Health	\$1,930,985	54/54
71-07	School Health	\$1,605,565	55/52.7
71-08	Clinic Room Aides	\$3,970,674	184/114.56
71-09	Communicable Disease	\$1,509,530	63/63
71-10	Adult/Senior Services	\$521,790	5/5
71-11	Adult Day Health Care	\$1,114,797	44/44
71-12	Community Health Care Network	\$8,248,394	9/9
71-13	Dental Health	\$232,176	4/4
71-14	Program Management	\$674,629	6/6
<b>TOTAL Agency</b>		<b>\$24,670,556</b>	<b>552/480.26</b>

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Total FY 2002 Adopted Budget Expenditures = \$36,738,300

Total FY 2002 Adopted Budget Net Cost = \$24,670,556